N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29376

1. PLACE OF DEATH

County Washington — Registration District No. 887 — File No.

Township Breton — Primary Registration District No. 6179 — Registered No. 63

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph C. Clinkingbeard

(a) Residence. No. ..... St., ... Ward ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Clinkingbeard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	10	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) //

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unknown, U.S.

12. MAIDEN NAME OF MOTHER Martha Thrailkil

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Josephine Clinkingbeard
(Address) Potosi, Mo.

15. FILED 9/24 1927 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 ~~Nov.~~ 1927 to ~~Sep.~~ 22, 1927 that I last saw him alive on Sep. 22, 1927, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Valvular Heart Lesion

[illegible] (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. F. Thurman, M. D

9-23, 1927 (Address) Potosi, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Potosi Mo	9-24 1927
20. UNDERTAKER	**ADDRESS**
Sparks & Sparks	Potosi, Mo